

Plan "P" Differences

Attachment # 2
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Description of Benefit	2005 Renewal Plan	2005 Proposed Plan P
Plan Type	Plan F	Plan P
Physician Services		
Office Visit (during regular hours)	\$10.00	\$15.00
Office Visit (After regular hours)	\$15.00	\$20.00
Specialty Visit w/ PCP Referral	\$10.00	\$25.00
Outpatient Surgical Care	\$10.00	\$25.00
Mental Health outpatient care (20 Visits)	\$20.00	\$25.00
Hospital Services		
Hospital benefits covered	\$0.00	\$250 per admission
Outpatient Surgical Procedures	\$0.00	\$0.00
Mental Health Inpatient Care	\$0, (Max 31 Days)	\$250 per admission (31 days)
Maternity Services		
Physician Services		
Office Visit w/ PCP	\$10.00	\$15.00
Specialty Visit w/ PCP referral	\$10.00	\$25.00
Hospital Services		
All Maternity Inpatient Care	\$0.00	\$250 per admission
Urgent Care Services	\$15.00	\$20.00
Visits for short-term physical/speech	\$10.00	\$25.00
Routine eye exams for vision correction	\$10.00	\$15.00
Out Patient Services		
Cat Scan , MRI, etc.	\$0.00	\$100.00

Maximum amt. Co-pay for 1 calendar yr.	\$1,500.00 (Per Member)	\$2,000.00 (Per Member)
	\$3,000.00 (Per Family)	\$4,500.00 (Per Family-Excludes Prescription Drug Copays)